

Item # \_\_\_\_\_

PREPARED BY BRENDA GREENE

COMMISSIONER \_\_\_\_\_

APPROVED BY \_\_\_\_\_

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**RESOLUTION AUTHORIZING HEALTHCARE PREMIUM INCREASE FOR ACTIVE  
EMPLOYEES EFFECTIVE JULY 1, 2009. SPONSORED BY COMMISSIONER JOSEPH FORD**

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**WHEREAS, Shelby County Government offers three self-insured health plan options for its active employees and their dependents: an IN Network Plan (HMO), a Preferred Provider Organization (PPO) and a Health Reimbursement Arrangement (HRA); and**

**WHEREAS, It is necessary to review and adjust premiums as needed to properly fund these plans; the last premium adjustment was effective July 1, 2008; and**

**WHEREAS, The benefits consulting firm, The Segal Company, prepared a financial experience rate analysis (Exhibit A) projecting 2009-2010 premium income assuming an eleven percent (11%) per annum medical trend and a ten percent (10%) per annum prescription drug trend; and**

**WHEREAS, Based upon Segal's analysis, it is recommended that an increase of five (5%) be applied to all Shelby County healthcare programs.**

**NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF SHELBY COUNTY, TENNESSEE, That the recommended change to the premium rates (Exhibit B) for the Shelby County Healthcare plans are hereby approved and adopted effective July 1, 2009.**

\_\_\_\_\_  
**A C Wharton, Jr.**  
**Shelby County Mayor**

**DATE** \_\_\_\_\_

**ATTEST:**

\_\_\_\_\_  
**Clerk of County Commission**

**ADOPTED** \_\_\_\_\_

## **SUMMARY SHEET**

### **I. Description of Items**

**RESOLUTION AUTHORIZING HEALTHCARE PREMIUM INCREASE FOR ACTIVE EMPLOYEES EFFECTIVE JULY 1, 2009. SPONSORED BY COMMISSIONER JOSEPH FORD**

### **II. Source and Funding**

Source - N/A

Source - N/A

### **III. Contract Items**

A. Type of Contract – N/A

B. Terms – N/A

### **IV. Additional Information Relevant to Approval of this Item**

**The Administration Recommends A Five Percent (5%) Increase On Active Employee Health Premiums Based On The Analysis And Recommendation Of The County's Healthcare Consultant, The Segal Company.**

**The Administration Recommends Approval Of This Resolution.**

**SHELBY COUNTY BOARD OF COMMISSIONERS  
AGENDA ROUTE SHEET**

Referred to Commission Committee (name) \_\_\_\_\_

For Commission Action on (date) \_\_\_\_\_

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**DESCRIPTION OF ITEM:** RESOLUTION AUTHORIZING HEALTHCARE PREMIUM INCREASE FOR ACTIVE EMPLOYEES EFFECTIVE JULY 1, 2009. SPONSORED BY COMMISSIONER JOSEPH FORD

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**CHECK ALL THAT APPLY BELOW:**

☒ This Action does NOT require expenditure of funds.

☐ This Item requires/approves expenditure of funds as follows (complete all that apply):

County General Funds: \$ \_\_\_\_\_ : County CIP Funds: \$ \_\_\_\_\_

State Grant Funds: \$ \_\_\_\_\_ : State Gas Tax Funds: \$ \_\_\_\_\_

Federal Grant Funds: \$ \_\_\_\_\_

Other funds (Specify source and amount): \_\_\_\_\_

Other pass-thru funds (Specify source and amount): \$ \_\_\_\_\_

**Originating Department:** Human Resources-Employee Benefits

**APPROVAL:**

Dept. Head: \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_  
Mike Lewis 545-4359 (Initials) (Date)

Elected Official: \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_  
(Initials) (Date)

Division Director: \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_  
F. Grace Hutchinson 545-4429 (Initials) (Date)

CIP – A&F Director: \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_  
(Initials) (Date)

Finance Dept.: \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_  
Mike Swift 545-4269 (Initials) (Date)

County Attorney: \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_  
(Initials) (Date)

CAO/Mayor: \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_  
James Huntzicker 545-4514 (Initials) (Date)